

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29255

State File No. ....

FILED AUG 26 1953

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Linnington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linnington</u>	
b. CITY OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (in this place) <u>18 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 Collier</u>		d. STREET ADDRESS (If rural, give location) <u>429 Collier</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>houie</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Kochly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 13 - 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 22, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF OVER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Permanent farming</u>	11. BIRTHPLACE (State or foreign country) <u>Linnington Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Kochly</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Marta</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-18-1003</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marta Kochly-Chillicothe Mo</u>	ADDRESS
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of lower lip.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 16, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Gal</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Chillicothe Mo.</u>	23c. DATE SIGNED <u>8-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>A Columbus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-14-53</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u> <u>1716</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Donald Jordan</u> ADDRESS <u>Chillicothe Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Care

MAY 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.